



**LIFE AND DISABILITY INSURERS
QUARTERLY PREMIUM TAX PAYMENT
DUE DATE: APRIL 15, 2010**

Insurer Name: _____

NAIC # _____ Check Number: _____

QUARTERLY TAX PAYMENT CALCULATION

1. '09 premium tax liability (#10 from tax return) or 90% of anticipated 2010 tax \$ _____
2. Less allowable deductions (*See instructions on back*) \$ _____
3. Total 2010 quarterly pre-payment (*line #1 - #2*) \$ _____
4. Enter 25% of the amount on line #3 \$ _____
5. Amount of 2009 overpayment applied to this payment (*see line #24 of the tax return*) \$(_____)
6. **QUARTERLY AMOUNT REMITTED (#4 - #5)** \$ _____
(*Instructions on back*)

Mail payment to: Montana Ins Dept - 840 Helena Ave - Helena MT 59601

SAI-22 (11/09)



**LIFE AND DISABILITY INSURERS
QUARTERLY PREMIUM TAX PAYMENT
DUE DATE: SEPTEMBER 15, 2010**

Insurer Name: _____

NAIC # _____ Check Number: _____

QUARTERLY TAX PAYMENT CALCULATION

1. '09 premium tax liability (#10 from tax return) or 90% of anticipated 2010 tax \$ _____
2. Less allowable deductions (*See instructions on back*) \$ _____
3. Total 2010 quarterly pre-payment (*line #1 - #2*) \$ _____
4. Enter 25% of the amount on line #3 \$ _____
5. Amount of 2009 overpayment applied to this payment (*see line #24 of the tax return*) \$(_____)
6. **QUARTERLY AMOUNT REMITTED (#4 - #5)** \$ _____
(*Instructions on back*)

Mail payment to: Montana Ins Dept - 840 Helena Ave - Helena MT 59601

SAI-22 (11/09)



**LIFE AND DISABILITY INSURERS
QUARTERLY PREMIUM TAX PAYMENT
DUE DATE: JUNE 15, 2010**

Insurer Name: _____

NAIC # _____ Check Number: _____

QUARTERLY TAX PAYMENT CALCULATION

1. '09 premium tax liability (#10 from tax return) or 90% of anticipated 2010 tax \$ _____
2. Less allowable deductions (*See instructions on back*) \$ _____
3. Total 2010 quarterly pre-payment (*line #1 - #2*) \$ _____
4. Enter 25% of the amount on line #3 \$ _____
5. Amount of 2009 overpayment applied to this payment (*see line #24 of the tax return*) \$(_____)
6. **QUARTERLY AMOUNT REMITTED (#4 - #5)** \$ _____
(*Instructions on back*)

Mail payment to: Montana Ins Dept - 840 Helena Ave - Helena MT 59601

SAI-22 (11/09)



**LIFE AND DISABILITY INSURERS
QUARTERLY PREMIUM TAX PAYMENT
DUE DATE: DECEMBER 15, 2010**

Insurer Name: _____

NAIC # _____ Check Number: _____

QUARTERLY TAX PAYMENT CALCULATION

1. '09 premium tax liability (#10 from tax return) or 90% of anticipated 2010 tax \$ _____
2. Less allowable deductions (*See instructions on back*) \$ _____
3. Total 2010 quarterly pre-payment (*line #1 - #2*) \$ _____
4. Enter 25% of the amount on line #3 \$ _____
5. Amount of 2009 overpayment applied to this payment (*see line #24 of the tax return*) \$(_____)
6. **QUARTERLY AMOUNT REMITTED (#4 - #5)** \$ _____
(*Instructions on back*)

Mail payment to: Montana Ins Dept - 840 Helena Ave - Helena MT 59601

SAI-22 (11/09)

QUARTERLY TAX PAYMENT INSTRUCTIONS

Line #2 Instructions

The quarterly amounts should be reduced by subtracting the following **allowable deductions**:

A. Anticipated 2010 tax offsets (20% of Montana Life and Health Insurance Guaranty Association assessments paid during tax years 2005-2009):

\$ _____

B. Montana Comprehensive Health Association assessments:
(excluding HIPAA Plan Liability assessments)

\$ _____

Total allowable deductions to transfer to line #2 (on front):

\$ _____

Other Instructions

Please do not combine amounts for affiliated companies on a single check.

If the amount on line #3 is zero or a negative amount: Enter zero on line #3 and #6 on all 4 payment vouchers and return all 4 vouchers to this office by April 15, 2010.

If insurer deems the total 2010 quarterly pre-payment requirement on line #3 to be a minimal amount (less than \$100), combine all 4 payments in one check, complete all 4 vouchers and submit the payment on or before April 15, 2010.

If premium writings have declined from the previous year, you may substitute the amount on line #1 with an amount equaling 90% of the 2010 anticipated premium tax.

If you have any questions, please contact our office at (406) 444-2040.

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